



1941

PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|--|----------------------|------------------------------------|---------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 10/558,095 – Conf. No. 2151 | |
| | Filing Date | November 23, 2005 | |
| | First Named Inventor | Daniel MASSICOTTE | |
| | Art Unit | 2616 | |
| | Examiner Name | To Be Assigned | |
| Total Number of Pages in This Submission | | Attorney Docket Number | 64845-225737 |

| ENCLOSURES (Check all that apply) | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Request for Continued Examination (RCE) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> Inventor Declaration <input checked="" type="checkbox"/> Second Information Disclosure Statement & Form PTO/SB/08A <input type="checkbox"/> Claim for Priority and Certified Document <input type="checkbox"/> Copy of Notice to File Missing Parts <input type="checkbox"/> Assignment | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copy of 1 Reference (WO 0143302A1) |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|--------------------------|----------|---------------|
| Firm Name | VENABLE LLP | | |
| Signature | | | |
| Printed name | Robert Kinberg | | |
| Date | September 4, 2007 | Reg. No. | 26,924 |

#889290



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|---|--|--------------------------|-----------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007 | | Complete if Known | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | 10/558,095 – Conf. No. 2151 |
| TOTAL AMOUNT OF PAYMENT (\$) | | Filing Date | November 23, 2005 |
| | | First Named Inventor | Daniel MASSICOTTE |
| | | Examiner Name | To Be Assigned |
| | | Art Unit | 2616 |
| | | Attorney Docket No. | 64845-225737 |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify)

☒ Deposit Account
Deposit Account Number: **22-0261** Deposit Account Name: **Venable LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 20 = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 3 = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|---|----------|---------------|
| _____ | _____ | _____ / 50 _____ (round up to a whole number) x _____ | _____ | _____ |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fees Paid (\$)

| | | | |
|---------------------|-----------------------|-----------------------------------|-------------------|
| SUBMITTED BY | | | |
| Signature | <i>Robert Kinberg</i> | Registration No. (Attorney/Agent) | 26,924 |
| Name (Print/Type) | Robert Kinberg | Telephone | (202) 344-4000 |
| | | Date | September 4, 2007 |

#889292



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Daniel MASSICOTTE *et al.*

Appln. No. 10/558,095

Confirmation No. 2151

Filed: November 23, 2005

For: MIXED DIRECT-INDIRECT ADAPTATION
PROCEDURE APPLIED TO RECEIVER
FILTER

Art Unit: 2616

Examiner: To Be Assigned

Atty. Docket No. 64845-225737

Customer No.
26694
PATENT TRADEMARK OFFICE

SECOND INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Pursuant to 37 C.F.R. § 1.97, the attention of the Patent and Trademark Office is hereby directed to the document (**B1**) listed on the attached Form PTO/SB/08A, that was cited in corresponding Chinese Application No. WO 0143302A1 on which the above-referenced application is based. A copy of the document is being submitted herewith.

It is respectfully requested that the reference be expressly considered during the prosecution of this application, that it be made of record herein, and appear among the "References Cited" on any patent to issue therefrom.

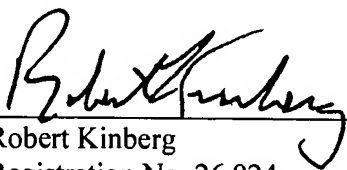
In accordance with 37 C.F.R. § 1.97(g), the filing of this Information Disclosure Statement shall not be construed to mean that a search has been made or that no other material information as defined in 37 C.F.R. § 1.56(a) exists. In accordance with 37 C.F.R. § 1.97(h), the filing of this Information Disclosure statement shall not be construed to be an admission that any patent, publication or other information referred to therein is "prior art" for this invention unless specifically designated as such.

The present Information Disclosure Statement is being filed before the mailing date of the first Office Action on the merits, and therefore no Statement Under 37 C.F.R. § 1.97(e) or fee under 37 C.F.R. § 1.17(p) is required.

Although it is believed that no fee is required for the submission of this Information Disclosure Statement, if a fee is determined to be due, please charge the amount to our Deposit Account No. 22-0261, and advise the undersigned accordingly.

Respectfully submitted,

Date: September 4, 2007


Robert Kinberg
Registration No. 26,924
VENABLE LLP
Post Office Box 34385
Washington, DC 20043-9998
Telephone: (202) 344-4000
Telefax : (202) 344-8300

RK/SJB
DC2/889288



PTO/SB/08A/B (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

| | | | | | |
|---|----------|----|----------|--------------------------|------------------------------------|
| Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i> | | | | Complete if Known | |
| | | | | Application Number | 10/558,095 – Conf. No. 2151 |
| | | | | Filing Date | November 23, 2005 |
| | | | | First Named Inventor | Daniel MASSICOTTE |
| | | | | Art Unit | 2616 |
| | | | | Examiner Name | To Be Assigned |
| Sheet | 1 | of | 1 | Attorney Docket Number | 64845-225737 |

| U.S. PATENT DOCUMENTS | | | | | |
|-----------------------|--------------------------|--|--------------------------------|--|---|
| Examiner Initials* | Cite No. ¹ | Document Number | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
| | | Number-Kind Code ² (if known) | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| FOREIGN PATENT DOCUMENTS | | | | | | |
|--------------------------|--------------------------|--|-----------------------------------|--|--|----------------|
| Examiner Initials* | Cite No. ¹ | Foreign Patent Document | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear | T ⁶ |
| | | Country Code ³ -Number ⁴ -Kind Code ⁵ (if known) | | | | |
| | B1 | WO 01/43302 A1 | 06-14-2001 | TELEFONAKTIEBOLAGET LM ERICSSON | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| NON PATENT LITERATURE DOCUMENTS | | | | |
|---------------------------------|--------------------------|---|--|----------------|
| Examiner Initials* | Cite No. ¹ | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | | T ² |
| | | | | |
| | | | | |
| | | | | |

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached

| | | | |
|-----------------------|--|--------------------|--|
| Examiner Signature | | Date Considered | |
|-----------------------|--|--------------------|--|